

Name
in
Full

CERTIFICATE OF DEATH

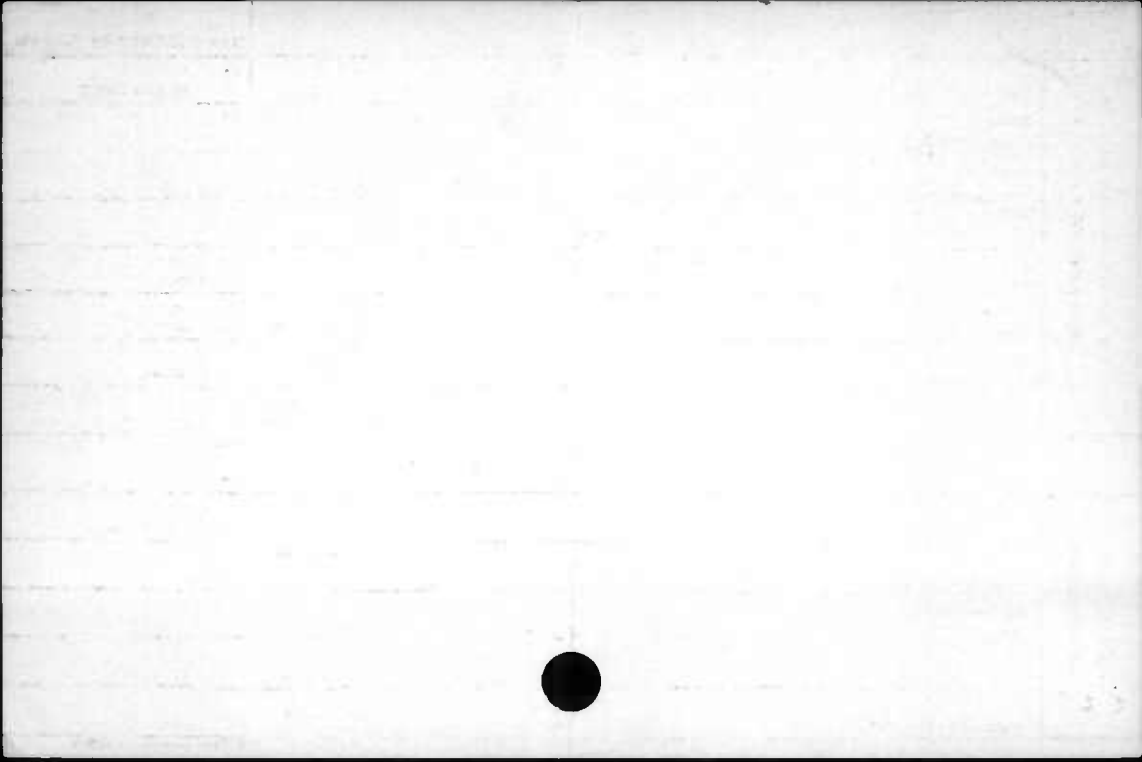
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Sarah Briggs</i>		Town <i>Federalsburg</i>		County <i>Caroline</i>		MARYLAND									
Died at		Date of death <i>1906</i>		Month <i>Sep</i>		Day <i>8</i>		Age <i>5</i>		Years <i>5</i>		Months <i>5</i>		Days	
Sex <i>female</i>		Color or Race <i>black</i>		Birth-place <i>md</i>											
Occupation		Where Residing If not at place of death													
Married, Single or Widowed <i>single</i>		Name of Wife or Husband													
Father's Name <i>J. C. Briggs</i>		Fether's Birthplace <i>md</i>													
Mother's Maiden Name <i>Alberta Sheppard</i>		Mother's Birthplace <i>md</i>													
Name of person giving information <i>Alberta Briggs</i>		How related to deceased <i>sister</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>90</i>	How long <i>1 week</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. K. Jefferson</i>	Address <i>Federalsburg md</i>
Accident or Suicide?		



Name
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TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Blanche Collins</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
<i>1906 Sep 27</i>		<i>15</i>					
Sex <i>female</i>		Color or Race <i>black</i>		Birth- place <i>md</i>			
Occupation <i>servant</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Chas Prattis</i>				How related to deceased <i>Guardian</i>			

CAUSES OF DEATH

Primary

Diphtheria

How long

10 days

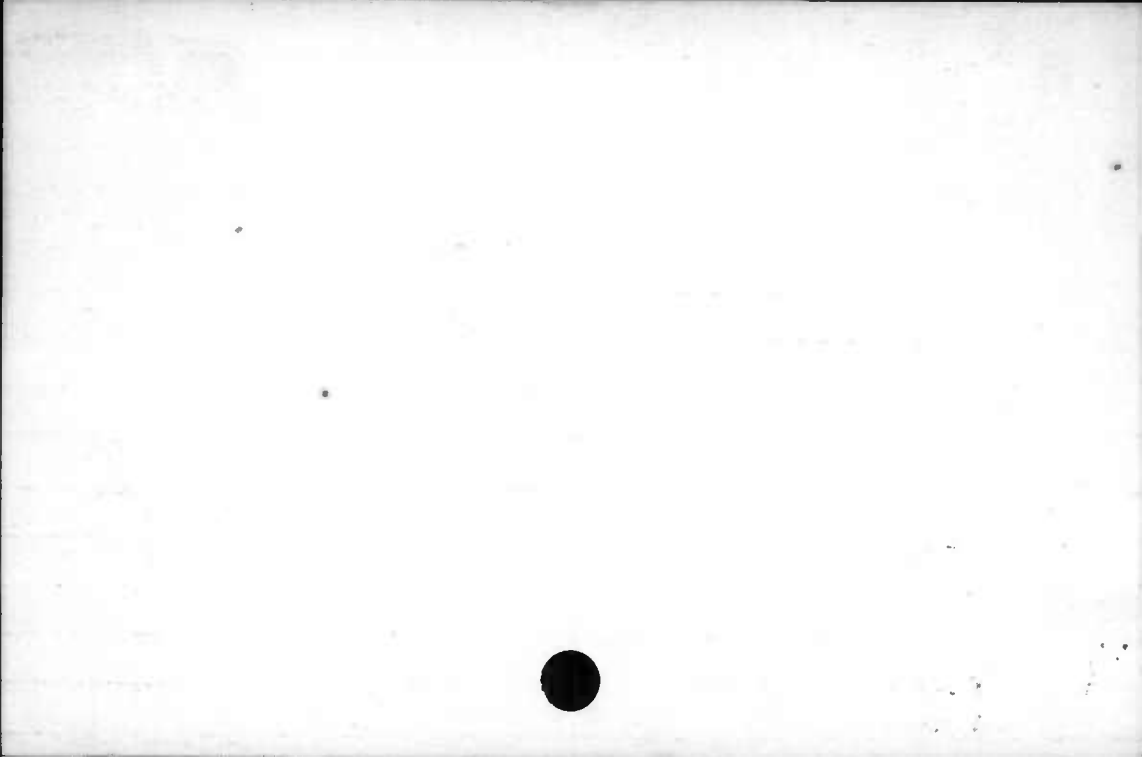
Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

R. K. Jefferson
Federalburg
md

Accident or Suicide?



Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

MARYLAND

Sarah Howard

Mother's

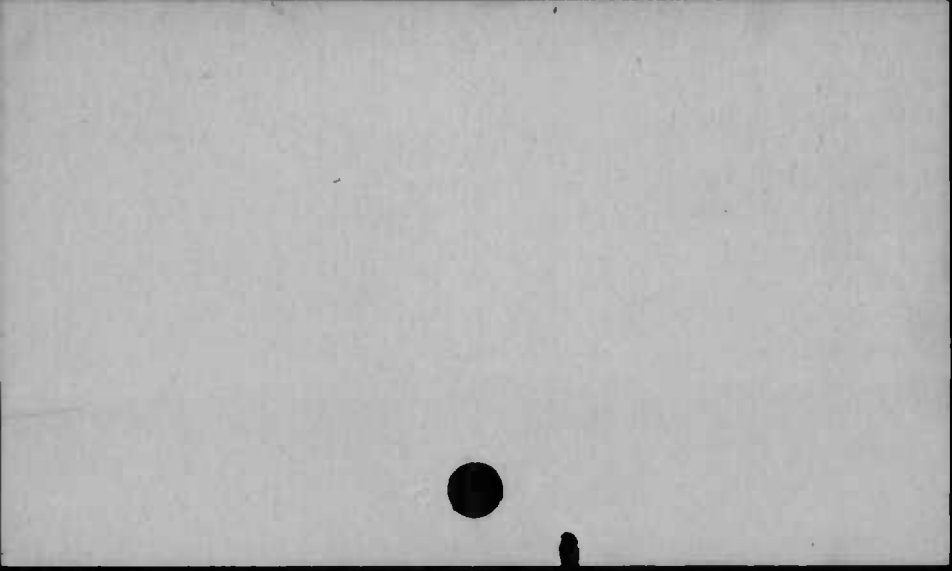
Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide



Name
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Bernice Burlock

CERTIFICATE OF DEATH

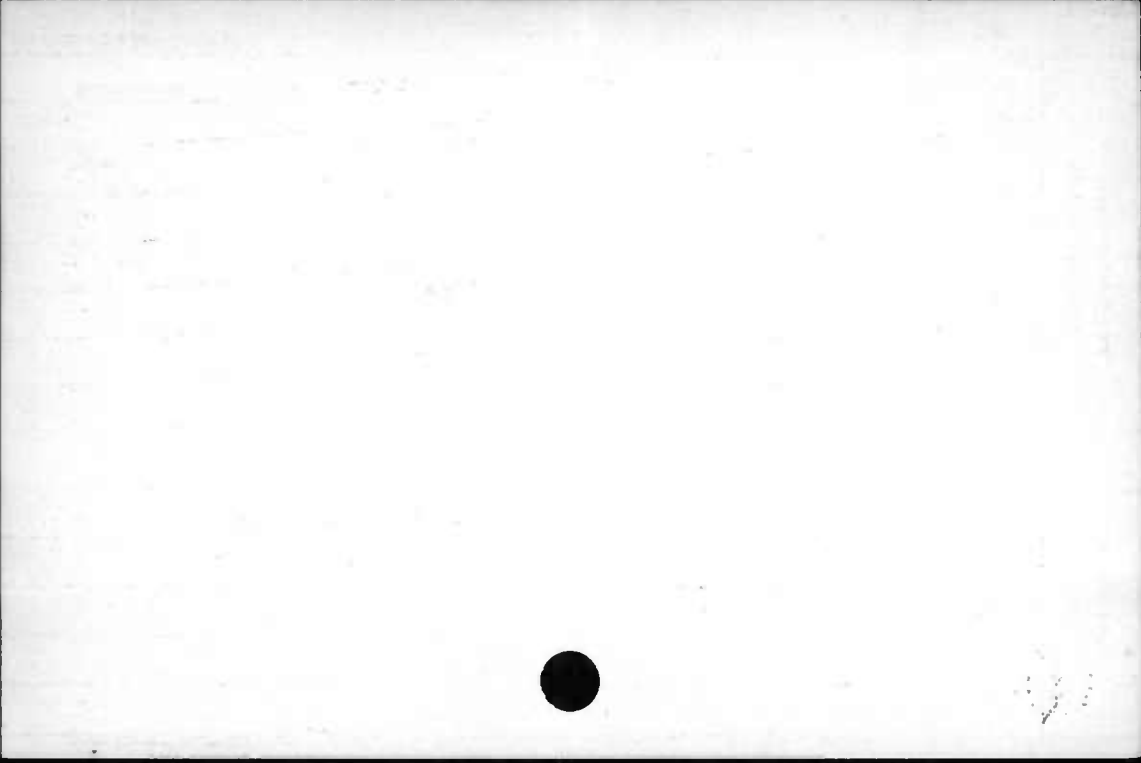
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalburg</i>		Town <i>Caroline</i>		County		MAYLAND							
Date of death <i>1906 Sep 17</i>		Month <i>Sep</i>		Day <i>17</i>		Age <i>9</i>		Years		Months		Days	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>									
Occupation <i>none</i>		Where Residing if not at place of death											
Married, Single or Widowed <i>single</i>		Name of Wife or Husband											
Father's Name <i>John Burlock</i>		Father's Birthplace <i>md</i>											
Mother's Maiden Name <i>Sallye Callaway</i>		Mother's Birthplace <i>md</i>											
Name of person giving information <i>John Burlock</i>		How related to deceased <i>father</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER
(1)

Primary	<i>Diphtheria</i>	How long	<i>4 & days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. K. Jefferson</i>
		Address	<i>Federalburg md</i>
Accident or Suicide?			



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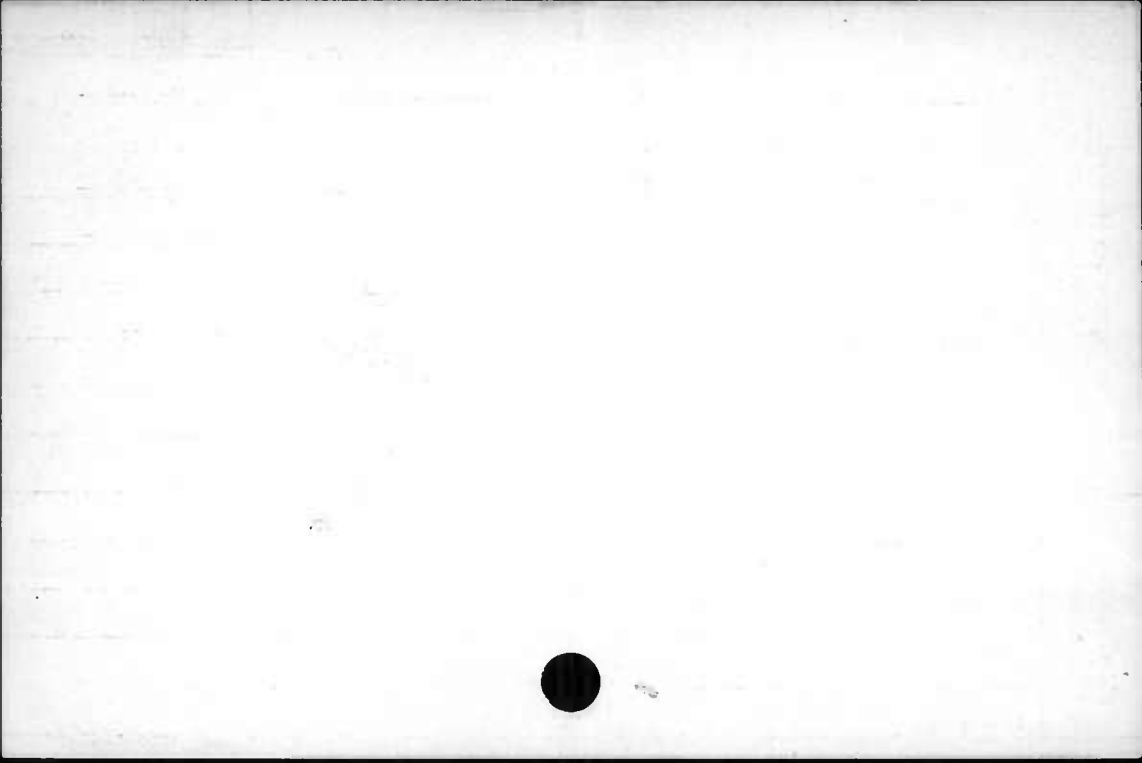
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalburg</i>		County <i>1</i>		State <i>MARYLAND</i>	
Date of death	<i>1906</i>	Month <i>Sep</i>	Day <i>4</i>	Age <i>50</i>	Years <i>50</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Thomas B Deane</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer Stomach</i>	How long	<i>4 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R R Jefferson</i>
		Address	<i>Federalburg md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Daisy Annabel Nichols Bayles.

Town

County

MARYLAND

Died at

near Ridgely

Caroline

Date

of death 1906

Month

9

Day

19

Age

Years

20

Months

Days

Sex

Female

Color or
Race

Negro

Birth-
place

Maryland.

Occupation

Housewife

Where Residing if not
at place of death

Philadelphia

Married, Single
or Widowed

Married

Name of Wife or
Husband

John Bayles.

Father's
Name

J. W. Nichols.

Father's
Birthplace

Md.

Mother's
Maiden Name

Lizzie Jackson

Mother's
Birthplace

Md.

Name of person giving
Information

Wm. A. J. Nichols.

How related
to deceased

Brother.

CAUSES OF DEATH

Primary

Pneumonia Pulmonalis

How long

six months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. S. Stone, M.D.

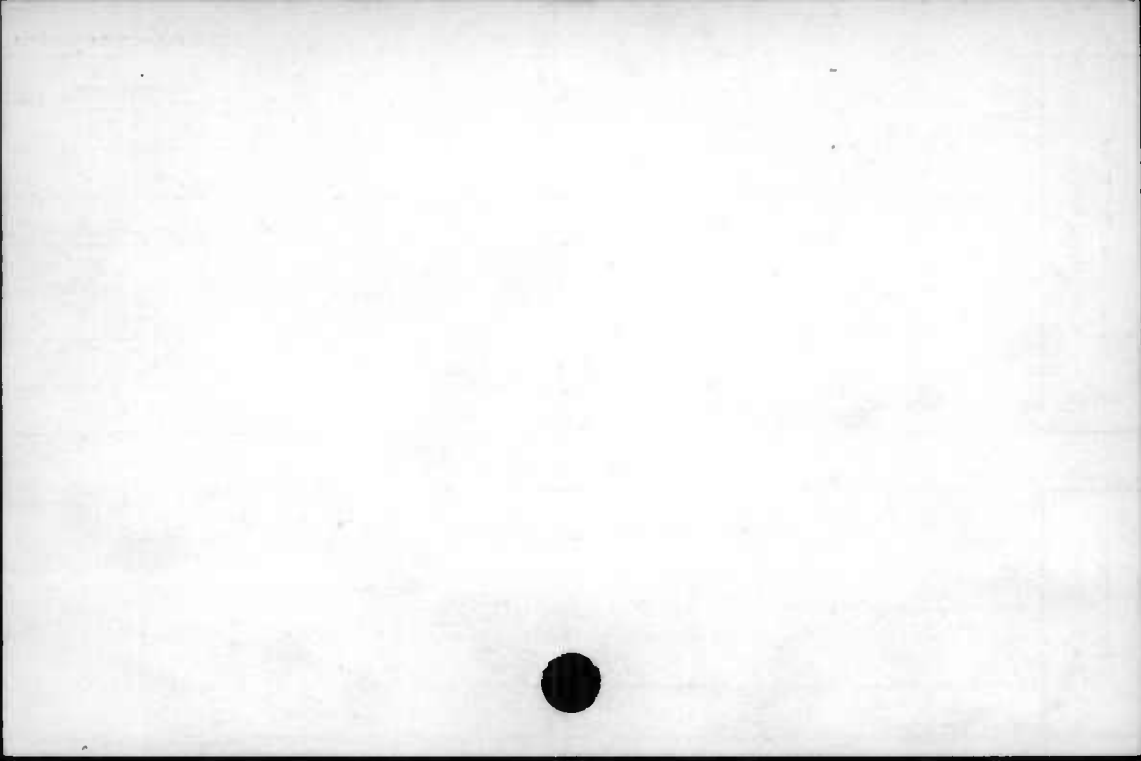
Address

Ridgely

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federal Springs</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Sep</i>	Day <i>6</i>	Age	Years	Months
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Chas Boulson</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Maggie Sandy</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Chas Boulson</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>still born infant</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>R Kemp Jefferson</i>
		Address <i>Federal Springs</i>
		<i>md</i>
Accident or Suicide?		



Name
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Full

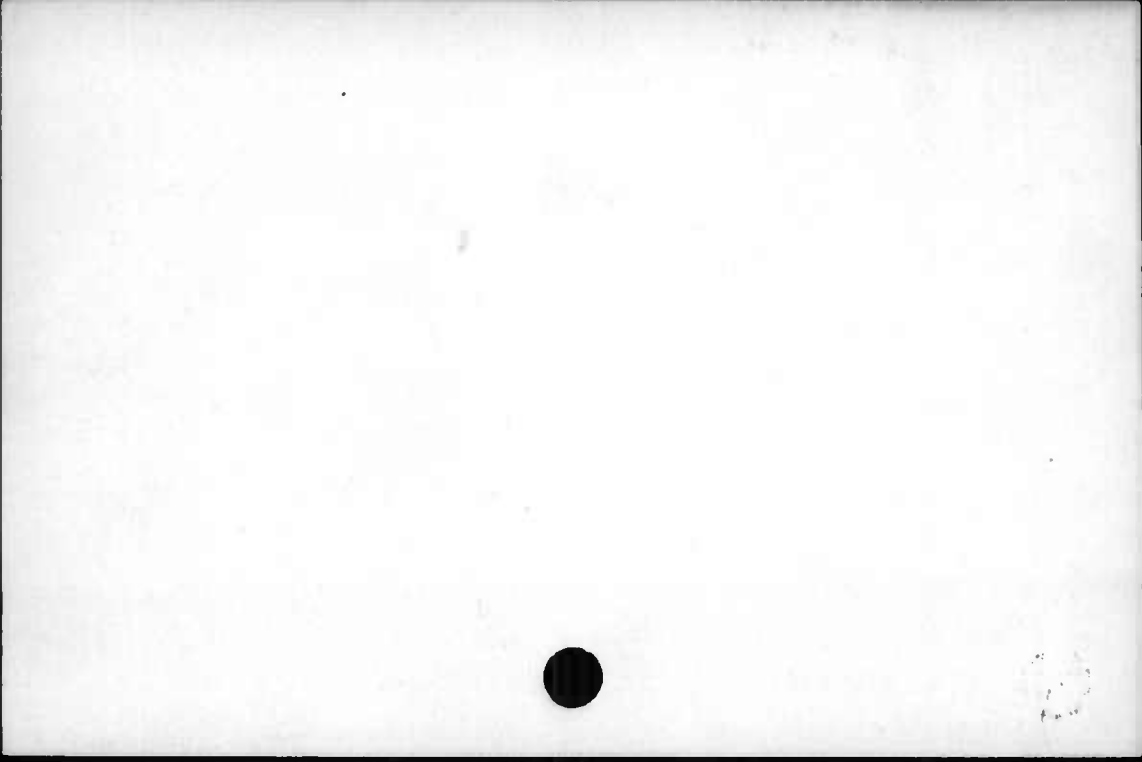
Not named Walker

CERTIFICATE OF DEATH

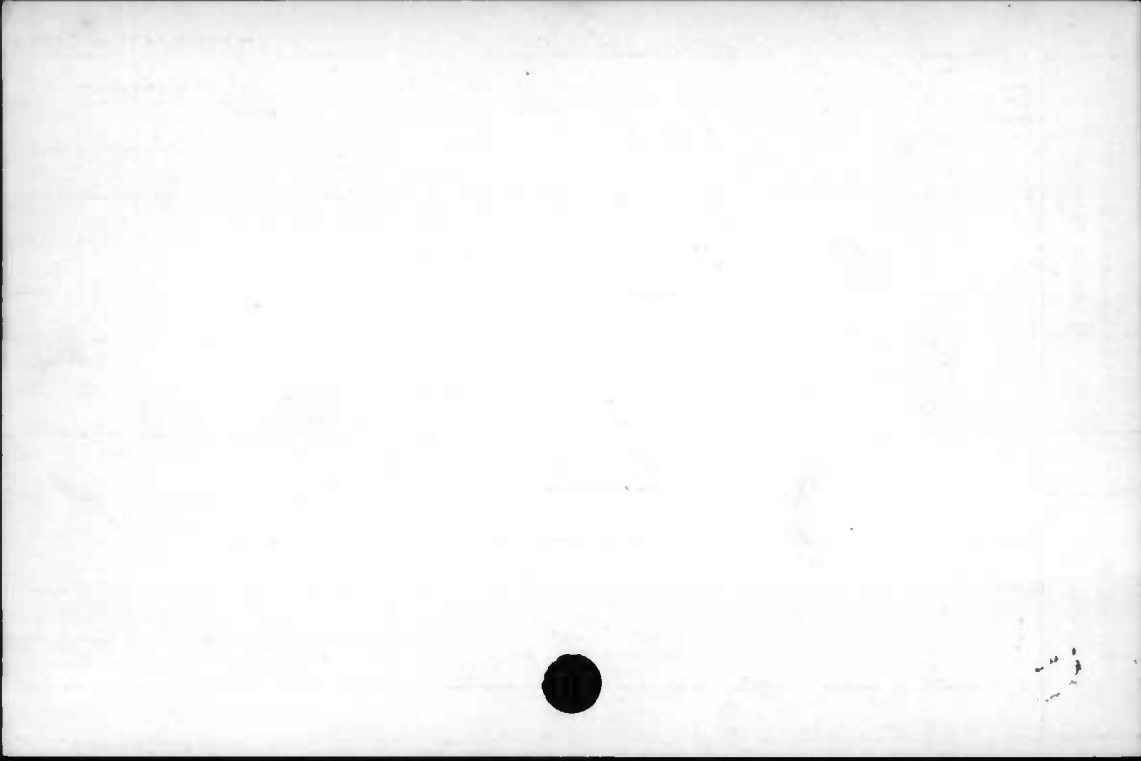
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Hillsboro</u> Town		<u>Caroline</u> County		MARYLAND	
	Date of death <u>1906</u>	Month <u>9</u>	Day <u>14</u>	Age <u>-</u>	Years <u>-</u>	Months <u>-</u> Days <u>12 hrs</u>
	Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>MD</u>		
	Occupation			Where Residing if not at place of death		
	Married, Single or Widowed <u>-</u>		Name of Wife or Husband <u>-</u>			
	Father's Name <u>John Walker</u>			Father's Birthplace <u>MD</u>		
	Mother's Maiden Name <u>Sarah Lotts</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>John Lotts</u>			How related to deceased <u>Grandfather</u>			

CAUSES OF DEATH

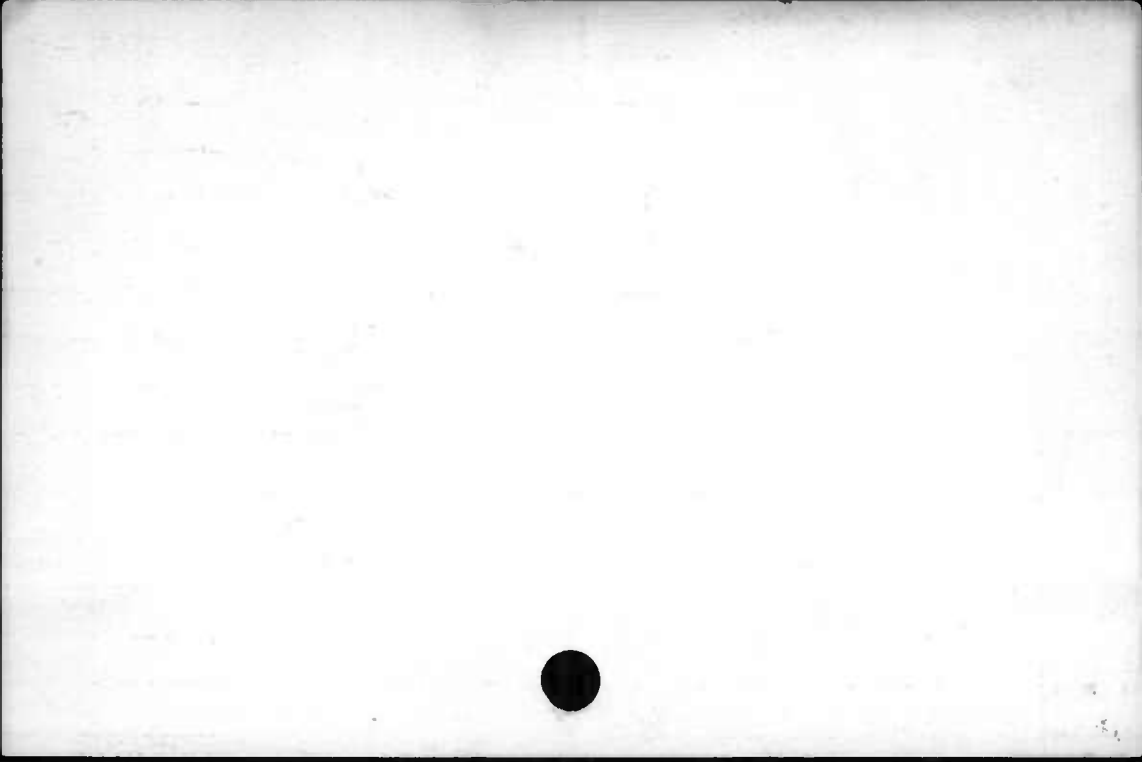
PHYSICIAN OR CORONER	Primary	<u>Premature birth</u>	How long	<u>12 hrs</u>
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. B. Brown, M.D.</u>	
			Address <u>Hillsboro, MD</u>	
	Accident or Suicide? <u>-</u>			



Name in Full		Town		County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Ridgely		Caroline		MARYLAND		
		Date of death		1906	Month 9	Day 29	Age	Years 24	Months 3	Days 7
		Sex	Female		Color or Race	White		Birth-place	Pa Co	
		Occupation	Housewife		Where Residing if not at place of death					
		Married, Single or Widowed	Married		Name of Wife or Husband	J. W. Watkins				
PHYSICIAN OR CORONER		Father's Name	J. W. Scully				Father's Birthplace	Pa Co		
		Mother's Maiden Name	Sarah Elizabeth Nickerson				Mother's Birthplace	" "		
		Name of person giving information	J. W. Scully Jr				How related to deceased	Brother		
		CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary	Pneumonia				How long	4 yrs		
		Immediate	Exhaustion				How long			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		J. L. Madara		
						Address		Ridgely Md		
		Accident or Suicide?								



Name In Full		Harriet Miller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Federalsburg	County Caroline		MARYLAND	
	Date of death	1906	Month Sep	Day 20	Age 85	Months	Days
	Sex	female		Color or Race	white		Birth-place
	Occupation	retired		Where Residing if not at place of death			
	Married, Single or Widowed	widow		Name of Wife or Husband			
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving information	Harriet Lewis				How related to deceased		
daughter							
CAUSES OF DEATH							
PHYSICIAN CORONER	Primary	Nephritis Chronic				How long	1 year
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	R. H. Jefferson		
				Address	Federalsburg		
					md		
Accident or Suicide?							



Samuel Wright
 Town *Federal City* County *Washington* MARYLAND

Died at *Federal City*

Date 19 *02* Month *9* Day *29* Y. *2* M. *10* D. *—* Native of *—* Occupation *—*

Age *2 10*

~~Male~~ White ~~Marrried~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living *—*

Husband of *—*

Wife *—*

Father's Name *Harmon Wright* Mother's Maiden Name *Lou Everett*

Cause of Death { Primary *Measles* Immediate *Convulsions* } How long sick *5 days*

Accident, Suicide, Homicide *—*

Reported by *Dr. F. G. Gailor*

Address *Federal City, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

